



# AVADH COLLEGE OF PHARMACY

(Approved by PCI, AKTU & BTE)

Ref. No : .....

Date : .....

## APPLICATION FORM FOR B.PHARM. / D.PHARM.

B.PHARM ☐ D.PHARM ☐

### CANDIDATE INFORMATION (To be filled in line)

1. Name of the applicant .....

2. Father's Name .....

3. Mother's Name .....

4. Date of Birth .....

5. Address .....

6. Mobile / Telephone No .....

7. Guardian Mobile No .....

8. Category (Gen/O.B.C/S.C./S.T.).....

9. Physically Handicapped (yes/no) .....

10. Parents occupation Father's .....Mother's .....

11. Family income (annual)

0-50 (Thousand) / 50-1 (Lakhs) / 01-2.5 (Lakhs) / 2.5-05 (Lakhs) / 05-10 (Lakhs)

12. Qualification details :.

S.No	School/University	Board/University	Subject	Marks OBT	Total Marks	Percentage

13.

Thumbprint of applicant

Signature of applicant

14. where did you come to know about our college : .....

.....

15. Reference : .....

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